The Washington State Public Health System

Key Concepts and Topics

- Framework and operations of the public health system in Washington State
- Structure of governmental public health in Washington State
- Functions of the Department of Health, and other state agencies and with public health responsibility
- Local health jurisdictions and local boards of health
- > Public health partners
- ➤ Efforts to improve and strengthen Washington State's Public Health System, including Washington State Public Health Improvement Partnership (PHIP) and the Public Health Performance Standards

Introduction

In the United States, public health functions are performed in the midst of a complex set of organizational, jurisdictional, political and funding relationships. Policymakers and decision-makers are at multiple levels, and organizational arrangements reflect both constitutionally determined layers of government and multiple interests competing for attention and resources. Within this framework, the public health system in Washington State is multi-faceted. A united effort by public agencies, private organizations, and professionals operating on the local, state and federal levels make the public health system work. In recent years, several initiatives have focused on improving the public health system. Some of these are described later in this chapter.

Governmental Public Health

In 1889, the Washington State Constitution established the State Board of Health, which legally identified public health as a government responsibility (Article XX, Section 1). Over time, state law has further defined the role, responsibility and structure of governmental public health to include:

- The State Board of Health (Chapter 43.20 RCW),
- The Washington State Department of Health (Chapter 43.70 RCW), and
- Local Health Departments and Local Boards of Health (Chapter 70.05 RCW).

State law (RCW 43.70.580) defines the primary responsibility of the public health system as taking "those actions necessary to protect, promote and improve the health of the population". As such, public health is responsible for protecting entire communities by providing or assuring population-based services. The role of government in public health protection focuses on three core functions:

Assessment: Public health tracks the circumstances of birth, illness and death, and the factors that surround these events, as well as available health resources and their application, unmet needs and citizens' perceptions about their health.

Policy development: The information taken from the assessment data is used to develop state and local health policies. Policies are incorporated into community priorities and plans, public agency budgets and local ordinances and statutes.

Assurance: This function translates the policies into services and monitoring the quality of all health services provided – public and private.

The responsibility for carrying out these functions is shared across local, state and federal levels of the governmental public health system.

Washington's Public Health System: Local Level

Local Health Jurisdictions and Local Boards of Health

At the local level, local health jurisdictions (LHJs) and local boards of health form the action arm of Washington State's governmental public health system. The work of the LHJ includes community-wide health promotion, control of diseases, regulatory activities to protect the public, services to families and individuals, community health assessment and community-level planning and policy development.

LHJs are autonomous and independent; they are not branches of state government. LHJs are linked to the State Department of Health (DOH) through a variety of joint planning, health system improvement and other partnership efforts, through inter-related, complementary roles in providing essential public health services, and through contracts for services.

A separate local board of health governs each LHJ. Local boards of health were created by statute (Chapter 70.05 RCW). These local boards have broad legal authority and responsibility to protect the public's health and enforce a variety of local, state and federal laws, rules and ordinances. They are responsible for establishing the policy framework for local public health agencies, setting budget priorities, enforcing laws and rules, and "have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction" (Chapter 70.05.060 RCW). State statute also defines the composition of local boards of health. Nearly all local board of health members are elected officials

Community Partners

Also working at the local level are public health's community partners, who play important roles in promoting healthy behavior and in providing individual health care. These include:

- Hospitals
- Local physicians and nurses
- Mental health, urgent care and community health centers,
- Medical, dental, nursing and pharmacy associations
- Heart, lung and cancer voluntary organizations; and
- Colleges, universities and vocational training institutions.

(Note: More information about LHJs is found in other sections of this Orientation, including "Local Health Jurisdictions and the Community", "Boards of Health and Legal Authority for Public Health", and "Funding, Contracts and Reports")

Washington's Public Health System: State Level

At the State level, **governmental public health** consists of the Washington State Department of Health and the State Board of Health.

- The Washington State Legislature provides overall policy direction and system coordination through legislation. When needed, administrative rules are developed by a state agency as authorized by legislative mandate to implement the law. (Information about the Washington State Legislature is available online at http://www1.leg.wa.gov/legislature)
- The **State Board of Health** is an independent, 10-member board appointed by the Governor to protect and promote the public's health. The board sets public health policy by making rules for most "traditional" public health activities including vital records; infectious disease reporting and control; drinking water safety, food safety and other environmental conditions; childhood immunizations; health screenings and more. In addition, the board provides a forum for public health policy development; studies health problems; recommends health policy to the Secretary of Health and to the Governor through an annual report and the biennial, legislatively mandated *Washington State Health Report*. Law requires State Board of Health membership to include two local boards of health members, one local health officer, experts in health and sanitation, consumers and the state secretary of health. The Board's chair must be one of the citizen members. More information about the State Board of Health is available online at http://www.doh.wa.gov/SBOH/default.htm.

The Washington State Department of Health

The State Department of Health (DOH) was first formed in 1921. The department became a division of the Department of Social and Health Services in 1970, and was again created as a separate Department in 1989. DOH is responsible for preserving and improving the health of the public, monitoring health care costs, maintaining standards for quality in health care delivery through professional and health facility licensing, and generally overseeing and planning state public health activities. To accomplish this, DOH:

- > Collects and shares health information
- Develops and oversees health policy
- > Enforces statutes
- Promulgates and enforces rules
- Identifies and studies disease outbreaks
- > Convenes statewide groups to address issues of public health concern
- Administers funds for health programs provided by Congress and the Legislature
- Supports community-level efforts with funding and technical assistance
- > Functions as the State Registrar of Vital Statistics (dealing with official birth and death records).

DOH Organizational Structure, Functions, and Services

DOH is comprised of numerous divisions and offices. All of these offices and divisions, as well as the State Health Officer report to the Secretary of Health, who

is the senior administrative executive of DOH. The DOH organizational structure can be seen at the DOH website at http://www.doh.wa.gov/Org/org.htm. The online organizational chart provides links to the divisions and offices, which provide extensive information about the programs, services and activities of the agency. Some of these are especially significant from a public health systems perspective, including:

The Office of the Secretary

Besides the Secretary of Health, this office includes:

- The State Health Officer, who is the chief spokesperson on medical issues for DOH
- The Office of Communications, which promotes the department's mission, identity, and ability to perform the core functions of public health in a favorable and receptive environment through public information and media relations.
- The Office of Policy, Legislative and Constituent Relations, which
 analyzes and develops legislative proposals. The office also serves as
 liaison to local, state and federal agencies, elected officials, and
 constituents to ensure that Department of Health positions and policies
 are accurately communicated.
- The Office of Public Health Systems Planning and Development, which
 is responsible for long range planning to improve the public health
 system, partly through the coordination of the Public Health
 Improvement Partnership. The office maintains an active liaison
 function with local government, administers the Local Capacity
 Development Funds, and responds to local health workforce
 development needs at the state and local level, including coordination
 of distance learning programs statewide through the Washington Public
 Health Training Network.
- Public Health Emergency Preparedness and Response: The Public Health Emergency Preparedness and Response (PHEPR) efforts within DOH are directed by the Secretary of Health's office through a special assistant. PHEPR is a system-wide, comprehensive initiative to strengthen Washington's public health system to prepare for possible acts of terrorism and meet other large-scale public health threats. The program encourages involvement at all levels, local, state, national, and cross-border. DOH works closely with partners from public health, law enforcement, emergency response, the military and more.
 - DOH has organized nine public health emergency preparedness and response regions, each with a designated regional lead agency, to support local efforts and increase capacity. More information about PHEPR is available online at http://www.doh.wa.gov/phepr/overview.htm.
- The Office of Community and Rural Health (OCRH): connects communities and resources to develop accessible and sustainable healthcare systems in Washington State. OCRH is a source of information about health system topics such as Health Professional Shortage Areas, Critical Access Hospitals and other federal designations; grants and healthcare funding sources; and health care provider loan repayment programs. More

information about OCRH is available online at http://www.doh.wa.gov/hsga/ocrh/default.htm

Other State Agencies with Public Health Responsibility

Many other state agencies share public health responsibilities and work collaboratively with DOH and LHJs. These agencies are an important part of the public health system and include:

- Washington State Department of Ecology (Ecology): Ecology provides funding for
 enforcement and technical support for solid and hazardous waste, biosolids and water
 well construction, water rights, air quality and community sewage disposal. Ecology
 has 11 programs providing protection in air quality, water quality and resources,
 nuclear waste, environmental assessment, reduction of hazardous waste and toxics
 cleanup, shorelands and environmental assistance, solid waste and financial
 assistance, and spill prevention, preparedness and response. More information about
 Ecology is available online at http://www.ecy.wa.gov/.
- Washington State Department of Social and Health Services (DSHS): In the late 1960s, the legislature created DSHS by combining the prior departments of health, corrections, and social services under one large state agency. DSHS works closely with DOH and LHJs on many public health issues and provides a broad array of services in areas of public health interest such as medical assistance programs, alcohol and substance abuse, maternal and child health and mental health.

There are six "administrations" within DSHS: 1) Aging and Disability Services Administration, 2) Children's Administration, 3) Economic Services Administration, 4) Health and Rehabilitative Services Administration, 5) Juvenile Rehabilitation Administration and 6) Medical Assistance Administration (MAA). Many of the divisions within DSHS work closely with LHJs, often through regional offices. At the local level, Community Service Offices or CSOs provide services and work with LHJs. An organizational chart and information about each of these administrations and their programs and services is available online at http://www1.dshs.wa.gov/geninfo/aboutdshs.html

Other State Agencies

Other state agencies with some level of public health responsibility include:

- Department of Agriculture (http://agr.wa.gov/)
- Department of Labor and Industries (http://www.lni.wa.gov/)
- Health Care Authority (http://www.hca.wa.gov/)
- Office of the Insurance Commissioner (http://www.insurance.wa.gov/)
- Office of the Superintendent of Public Instruction (http://www.k12.wa.us/)
- Department of Community, Trade and Economic Development (http://www.cted.wa.gov/DesktopDefault.aspx)
- Washington State Patrol (http://www.wsp.wa.gov/)
- Washington State Department of Transportation (http://www.wsdot.wa.gov/)
- Washington Traffic Safety Commission (http://www.wtsc.wa.gov/)
- Institutions of Higher Education

 Washington State Military Department, Emergency Management Division (http://emd.wa.gov/)

Regional Agencies

Some agencies are organized at the regional level, rather than the state or county level. Examples of regional agencies with public health-related activities are listed below:

- Local Air Pollution Control Authorities manage air quality through regulation of pollution sources. These agencies cover more than 20 counties; the remaining counties are covered by the Department of Ecology.
- Regional Support Networks (RSNs) serve people in a crisis, the chronically mentally ill and the seriously disturbed. They maintain involuntary treatment and crisis response services.
- Area Agencies on Aging contract out a wide array of support services for clients to local providers, including LHJs.

Washington's Public Health System: Federal Level

Federal agencies are an important part of Washington's public health system. They develop policy, set standards, administer funds appropriated by Congress, conduct research, develop regulations and provide funding, technical assistance and data for state and local public health agencies. At the federal level three departments are responsible for the majority of funding for public health and the work related to public health and the public health system:

- Department of Homeland Security was created to provide a coordinated, comprehensive federal response to any large-scale crisis. Much of the funding and coordination efforts related to public health emergency preparedness and response come through this agency.
 - ✓ More information is available online at (http://www.firstgov.gov/Agencies/Federal/Executive/Homeland Security.shtml)
- Department of Health and Human Services (HHS): Agencies within HHS include the Center for Disease Control and Prevention, (CDC), the Agency for Toxic Substances and Disease Registry (ATSDR), Indian Health Service and the Health Resources and Services Administration (HRSA). (The Maternal Child Health Bureau and HIV/AIDS Services are among the agencies within HRSA.)
 - ✓ More information about HHA is available online at http://www.firstgov.gov/Agencies/Federal/Executive/HHS.shtml.
 - ✓ An organizational chart for the department is available online at http://www.hhs.gov/about/orgchart.html
 - ✓ HHS maintains regional offices. Washington, along with Alaska, Idaho, and Oregon is included in Region X, which has offices in Seattle. Information about HHS in Region X, including contact information is available online at http://www.hhs.gov/region10/index.html.
- Environmental Protection Agency (EPA): EPA leads the nation's environmental science, research, education and assessment efforts.
 - ✓ More information about EPA is available online at http://www.epa.gov/epahome/aboutepa.htm

✓ EPA maintains regional offices, with Region X serving Washington State. Information about EPA in Region X, including contact information, is available online at http://www.epa.gov/region10/

Funding from the federal level usually passes through DOH and other state agencies (e.g. DSHS, Ecology, Community Trade and Economic Development), where it is often combined with state funding and distributed to LHJs and other agencies for provision of services. Along with the federal funds come program requirements and accountabilities that may be viewed as burdensome and restrictive by some in state and local agencies. These funds are usually referred to as "categorical", and they come with specific expectations for specific programs, program activities and program reporting. Federal funds represent a significant portion of funding for state and local public health agencies. In 2003, 28% of total LHJ funding was from federal sources (20% "passing through" DOH and other agencies, and 8% federal fee for service reimbursement).

American Indian Tribes in Washington State

Federally recognized American Indian tribes also maintain public health systems and provide public health services. DOH and LHJs work collaboratively with these tribes to promote public health, and with the related agencies and organizations that play important roles in Washington's public health system. These include:

- The American Indian Health Commission for Washington State (AIHC) was created in 1994 by federally recognized tribes, urban Indian health programs, and Indian organizations to provide a forum for Tribal-State health issues. AIHC works to achieve unity and guide the collective needs of tribal governments in providing high-quality, comprehensive health care to American Indians and Alaska Natives and to influence state health policy and resource allocation in order to improve the health status of American Indians and Alaska Natives.
 - ✓ More information about AIHC is available online at http://www.aihc-wa.org/. This site also includes links to Washington's federally recognized tribes.
- The Indian Health Service (IHS) is an agency of the federal Department of Health and Human Services. The goal of IHS is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people. The Portland Area Office of the IHS serves Washington State, along with Oregon and Idaho.
 - ✓ More information about IHS is available online at http://www.ihs.gov/AboutIHS/index.asp and information about the Portland area office is online at http://www.ihs.gov/FacilitiesServices/AreaOffices/Portland/

Other Institutions, Associations and Professional Organizations

Many other institutions, associations and professional organizations play important roles in the public health system, including providing education and training for the public health workforce, legislative advocacy, research, and technical assistance. Some of these are listed below.

University of Washington (UW)

- UW School of Public Health and Community Medicine (http://depts.washington.edu/sphcm/) The School of Public Health and Community Medicine (SPHCM) is one of 17 schools and colleges at the University of Washington. There are five departments in the School: Biostatistics, Environmental Health, Epidemiology, Health Services, and Pathobiology.
- Northwest Center for Public Health Practice (NWCPHP) http://healthlinks.washington.edu/nwcphp/ NWCPHP is dedicated to providing a link between public health practitioners and academia. NWCPHP is an important partner in public health workforce development efforts. Along with the School for Public Health and Community Medicine, NWCPHP provides practice-oriented education and training programs for practitioners in public health agencies and community-based health centers. The Center works with health agencies throughout the Northwest in developing these programs.

Community and Migrant Health Centers serve low income and other persons with limited access to health care.

- A map with locations of Community and Migrant Health Centers is available online at http://www.wacmhc.org/community health centers by county.htm
- The Washington Association of Community and Migrant Health Centers (WACMHC) is a non-profit organization, formed in 1985, to advocate on behalf of Washington's Community and Migrant Health Centers. More information about WACMHC is available at http://www.wacmhc.org/index.htm

State Associations

- Washington State Public Health Association (WSPHA) http://www.wspha.org/ WSPHA, the Washington State affiliate of the American Public Health Association (APHA), is the primary professional organization for personal health, dental health and public health administrators. The goal of the Association is to function as a comprehensive public health leadership organization in the state. WSPHA holds an annual statewide public health conference each autumn called the "Joint Conference On Public Health".
- Washington State Environmental Health Association (WSEHA) http://wseha.org WSEHA is a non-profit professional and educational organization established to provide a forum for dialogue and a vehicle for advanced training opportunities. WSEHA enhances individual and collective expertise, promotes professional growth, and revitalizes Environmental Health endeavors.
- Washington Association of County Officials (WACO) http://www.wacounties.org/waco/main.html
 In 1959 the Washington State Legislature created WACO to coordinate the administrative programs of the state's 39 counties and to assist in developing recommendations to the Governor and the Legislature to increase the efficiency of the county departments headed by the county officials. Seven affiliate groups of elected county officials and their appointed counterparts in charter counties comprise the

membership of the Washington Association of County Officials, including county assessors, auditors, clerks, coroners, and medical examiners, prosecuting attorneys, sheriffs, and treasurers.

 Washington State Association of Counties (WSAC) – (http://www.wacounties.org/wsac)

WSAC is a non-profit, non-partisan organization that represents Washington's counties before the state legislature, the state executive branch, and regulatory agencies. Members are county commissioners, and while membership is voluntary, WSAC consistently maintains 100% participation from Washington's 39 counties. WSAC focuses its work in several areas: Legislative Advocacy, Membership Assistance, District and Statewide Conferences, Technical Assistance / Educational Workshops, State agency and Rule making Advocacy, and Publications. WSAC affiliates include associations for county and regional planning directors, county parks and recreation boards, county engineers and public works, local public health officials, and the Association of County Human Services (ACHS).

Washington State Association of Local Public Health Officials (WSALPHO) (http://www.wacounties.org/wsalpho)
WSALPHO is an affiliate of WSAC and the state affiliate of the National Association of City and County Health Officials (NACCHO). It is the policy group for local public health issues. WSALPHO is comprised of public health leaders and managers from LHJs from throughout Washington State. Each LHJ may designate up to six voting members. Three subgroups, called forums, provide the mechanisms for addressing issues specific to certain disciplines within the LHJs. These forums are: the Public Health Executive Leadership Forum (PHELF), which

Other state associations and professional organizations working with public health include:

includes the health officers and administrators, the Public Health Nursing Directors (PHND), and the Environmental Health Directors (WSEHD).

- The Washington State Medical Society (http://www.wsma.org/index.html)
- The Washington State Hospital Association (http://www.wsha.org
- The Washington State Nurses Association (http://www.wsna.org)
- The American Lung Association of Washington (http://www.alaw.org/)
- And many others.

National Associations

 National Association of County and City Health Officials (NACCHO) http://www.naccho.org/about.cfm

NACCHO was formed in July 1994 when the National Association of County Health Officials and the U.S. Conference of Local Health Officers combined to form a unified organization representing local public health. NACCHO is a nonprofit membership organization serving all of the nearly 3,000 local health departments nationwide. NACCHO provides education, information, research, and technical assistance to local health departments and facilitates partnerships among local, state, and federal agencies in order to promote and strengthen public health.

 National Association of Counties – (NACo) http://www.naco.org/Template.cfm?Section=Home

(NACo) was created in 1935 in order to provide a strong voice for county officials in the nation's capital. NACo's membership totals more than 2,000 counties, representing over 80 percent of the nation's population. NACo provides legislative, research, technical, and public affairs assistance, as well as enterprise services to its members. The association acts as a liaison with other levels of government, works to improve public understanding of counties, serves as a national advocate for counties, and provides them with resources to help them find innovative methods to meet challenges.

 The Association of State and Territorial Health Officials ASTHO) http://www.astho.org/

ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy, and to assuring excellence in state-based public health practice.

 National Association of Local Boards of Health – (NALBOH) http://www.nalboh.org/

NALBOH's mission is to strengthen local boards of health, enabling them to promote and protect the health of their communities, through education, technical assistance and advocacy. NALBOH works closely with federal agencies and other national associations and groups. NALBOH provides services for local boards of health, including: educational programs specifically designed for local board of health members, advocate support for strengthening local boards of health, and technical assistance to existing boards of health and to developing boards and state associations.

American Public Health Association (APHA) http://www.apha.org/
APHA is an organization of public health professionals, representing more than 50,000 members from over 50 occupations of public health. APHA brings together researchers, health service providers, administrators, teachers, and other health workers in a unique, multidisciplinary environment of professional exchange, study, and action. The "section" is the basic organizational unit of APHA's membership, enabling members to share knowledge and experience with their peers, develop new techniques and contribute to the growing body of scientific knowledge within those respective fields. Among the sections are community health planning and policy development, epidemiology, environment, health administration, public health nursing, public health education and health promotion, and many others

Efforts to Strengthen Washington's Public Health System

Several statewide and national level efforts and initiatives have focused on improving and strengthening the public health system. In addition, components of many public health programs at the federal, state and local levels focus on improving aspects of public health system function (e.g. better coordination, communication, resource utilization and sharing etc.). Some of the key initiatives include:

- 1) The nationwide effort to strengthen the public health system's ability to respond to large-scale emergencies.
- 2) A state level health care reform effort, which included funds for public health as an essential health care service. This effort also produced legislation for:
- 3) The Public Health Improvement Plan, and the related focus on the core public health functions of assessment, policy development and assurance and developing public health performance standards for Washington State. This included:
- 4) A statewide focus on improving community health assessment capability.

Each of these is described below. Related to these initiatives are several reports and publications that chronicle health status in Washington State and the environment in which the public health system operates. Some of these reports are also outlined.

Health Care Reform

In the 1980's annual double-digit health care cost increases were affecting businesses and government employers. In 1988, the Washington Health Care Commission was established to assess the problem and recommend solutions to address the crisis. The close of the 1992 legislative session and completion of the Washington Health Care Commission Report set the stage for Health Care Reform during the 1993 legislative session. Key staff from the Senate and House committees responsible for health care issues met with WSALPHO advising them that Health Care Reform would be the consuming legislative effort in 1993.

WSALPHO recognized that the new emphasis on Health Care Reform was an opportunity to secure appropriate levels of state funding of local public health. WSALPHO assembled a work group to determine the state's contribution to assure adequate public health protection in Washington State. The Health Services Act of 1993 included public health as a part of health care services essential to the public. The down payment for funding the state's portion of public health was tied to services to be outlined in the first Public Health Improvement Plan, which was to be delivered to the legislature by December 1994.

Public Health Improvement Partnership

The state legislature mandates DOH to develop, in consultation with local health jurisdictions and others, a "public health services improvement plan. The legislation specifies that the plan "shall provide a detailed accounting of deficits in the core functions of assessment, policy development, and assurance of the current public health system, how additional public health funding would be used, and describe the benefits expected from expanded expenditures." The plan is required to include:

- Definition of minimum standards for public health protection through assessment, policy development and assurance,
- Recommended strategies and a schedule for improving public health programs throughout the state.

Statutory authority for the plan, Chapter 43.70.520 RCW, is available online at http://www.leg.wa.gov/RCW/index.cfm?section=43.70.520&fuseaction=section.)

The 1994 Public Health Improvement Plan articulated a vision for a public health system organized around assessment, policy development, and assurance. It also delineated

distinct, but interrelated roles for state and local public health, recognizing that both levels of government needed to work in concert to protect and improve the public's health. The Public Health Improvement Plan reports have been published biennially since 1994, as required by law, and are available online at http://www.doh.wa.gov/PHIP/default.htm.

After publication of the 2002 report, a decision was made to reference the work undertaken in connection to the "Public Health Improvement Plan" as the "Public Health Improvement Partnership" (PHIP) to better reflect the ongoing, collaborative efforts of the partners involved. Partners include:

- The Washington State Department of Health
- The Washington State Board of Health
- The Washington State Association of Local Public Health Officials
- The University of Washington School of Public Health and Community Medicine's Northwest Center for Public Health Practice

The Partnership provides a formal structure dedicated to improving the public's health, strengthening the public health system, and developing the plans and reports to the legislature as required by state law. The Partnership focuses their efforts in seven areas. For each area, there is a committee (comprised of representatives across the partnership) with a two-year work plan. Overall guidance is provided by a steering committee. The areas of focus include:

- 1) Key Health Indicators
- 2) Standards for Public Health
- 3) Financing
- 4) Information Technology Planning
- 5) Workforce Development
- 6) Access to Critical Health Services
- 7) Communications

More information about the work and membership of the PHIP committees is available online through the DOH website (http://www.doh.wa.gov/PHIP/default.htm).

Public Health Standards and Performance Measures

State statute (Chapter 43.70.520 RCW) requires that the public health improvement plan include "definition of minimum standards for public health protection through assessment, policy development and assurance..." A collaborative effort between state and local public health officials focused on developing these standards. Over the course of several years, more than 150 individuals participated in meetings, workshops and review sessions, resulting in publication of the Proposed Standards (May 2000), their evaluation through on-site review, and subsequent revision and adoption in June 2001 of *The Standards for Public Health in Washington State*. The intent of the Standards is to provide an overarching performance measurement framework for state and local governmental public health agencies. More information about the Standards is available online at http://www.doh.wa.gov/Standards/default.htm

 Baseline evaluation: In 2002, DOH and WSALPHO, through independent contractors, conducted a baseline evaluation of all LHJs and 38 state level programs using the newly approved standards and measures. Findings and recommendations were reported to each local health jurisdiction and DOH. Results of the baseline evaluation are available online at http://www.doh.wa.gov/PHIP/documents/Standards/BaselineReport11-12.pdf

- Self-assessment: The first measurement of performance after the baseline study is planned for 2005. During the interval period, local jurisdictions and state programs will evaluate where they can make improvements in practices, with a goal of increasing their ability to meet the Standards. A self-assessment tool was developed to use in the years between the 3-year cycle for performance assessment of the public health system against the Standards. Responses to the self-assessment have been summarized to provide an overview of agency work related to the standards, as well as perceived resource and training needs for meeting the Standards. Separate reports for LHJs and DOH are available online at http://www.doh.wa.gov/PHIP/Standards/default.htm
- Exemplary Practices: As part of the baseline evaluation project, the contractors were directed to collect and evaluate exemplary practices that demonstrate the performance measures. In excess of 750 documents were collected and evaluated against specific criteria. Many of these are included in an electronic compendium as linked documents and organized by the performance measure (s) which they address. This compendium provides almost instant access to these documents for use by all programs and jurisdictions in improving the practice of public health in Washington State. The Electronic Compendium can be accessed online at http://www.doh.wa.gov/PHIP/Standards/BestPractices/StandardsExemplaryPractices.htm

Developing Community Health Assessment Capability

DOH has worked in close partnership with LHJs in Washington to design and implement a system for community health assessment. Developed in the context of the Washington State PHIP, this system involves the coordinated effort of public health agencies across the state to make data available and accessible for assessment; provide consultation, technical assistance, and training on the analysis of this data; and support the use of assessment findings for program planning, priority setting, and policy development. Though some LHJs were conducting community health assessment prior to 1994, the development of the first PHIP in that year marked the beginning of a concerted effort to enhance statewide capacity to carry out this core function.

- As part of the implementation of the PHIP in the mid-1990s, each LHJ completed a
 mandated community health assessment that involved community members and was
 used to set local priorities for public health improvement.
- LHJs were supported by DOH in fulfilling their assessment requirement through (1) the
 creation of an assessment liaison position within DOH, (2) the development of
 networks for peer exchange, learning, and coordination across LHJs and between
 local health and DOH, (3) the establishment of the Vista Partnership (a standardized
 tool for assessment) and the dissemination of the Vista software, (4) the provision of
 training and technical assistance in assessment, and (5) the development of
 guidelines for analysis of assessment data. (More information about Vista is available
 online at http://www.doh.wa.gov/OS/Vista/HOMEPAGE.HTM)
- In October 2002, DOH was awarded a grant by the CDC to enhance and improve community health assessment practice in Washington State. The five-year grant supports the formation of a new state-local partnership, called Assessment in Action (AIA), for improving community assessment work. More information about AIA is available online at http://www.doh.wa.gov/EHSPHL/AIA/default.HTM

Public Health Emergency Preparedness and Response

Federal funds have been made available to all states to help strengthen their capacity to respond to terrorism and other public health emergencies. The money assists states in planning and upgrading the public health system and hospitals/health care entities that will be called upon to respond. The funds are being used to upgrade infectious disease surveillance and investigation, enhance the readiness of hospitals and the health care system to deal with large numbers of casualties or infectious diseases, expand public health laboratory and communications capacities and improve connectivity between hospitals, and city, local and state health departments to enhance disease reporting. More information about public health preparedness and response efforts in Washington State is available at http://www.doh.wa.gov/phepr/default.htm

Reports and Publications

The Public Health Improvement Plan reports are described earlier in this chapter. Several other reports are important documents related to Washington State's public health system. These include:

- The Health of Washington State, compiled and published by DOH, is a statewide assessment of the health status and health care access in Washington State. The first report was published in 1996 and is updated periodically. The most recent Health of Washington State is available online at www.doh.wa.gov/HWS/
- The State Health Report: Since 1990, the State Board of Health has been responsible for producing a biennial State Health Report "that outlines the health priorities of the ensuing biennium." The State Health Report is available online at http://www.doh.wa.gov/SBOH/Pubs/pubs.htm
- Final Report on Access to Critical Health Services (2001): The Washington State Board of Health has been serving as the lead agency at the state level in the development of public health standards relating to health care access. The Board created a Committee on Access that identified a "core set of critical health services that are necessary to protect the public health" as stipulated in the Standards. Identified by a team of medical and health care consultants using national research regarding the impact of health services on individual and community health without regard to funding or payment. This report includes the menu of core services, an explanation about how they relate to statewide public health improvement efforts, how they can be used, and other information. This report is available online at http://www.doh.wa.gov/PHIP/Access/Reports.htm
- DOH Strategic Plan: a comprehensive, long-term plan that identifies specific goals, objectives and strategies to carry out DOH's mission. The plan includes general information about the environment in which the public health system operates, an overview of DOH, information about DOH expenditures and revenues, statutory authority for DOH, and DOH mission, vision and values. The DOH Strategic Plan is available online at www.doh.wa.gov/strategic/StratPlan05_07_ed2.pdf